

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 701824	RECEIPT DATE:	12 / 04 / 00
IA NUMBER:	PCT/ CA99 / 00529	IA FILING DATE:	06 / 04 / 99
FAMILY NAME:	SINDERBY	DELAY WAIVED (Y/N):	+ y
GIVEN NAME:	CHRISTER	DEMAND RECEIVED (Y/N):	+ y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	06 / 04 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	776-009999-U	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	CLARENCE A GREEN		
	PERMAN & GREEN		
STREET:	425 POST ROAD		
CITY:	FAIRFIELD		
STATE/COUNTRY:	CT	ZIP:	06430
EMAIL:			
APPLICATION TITLES:			
	PROPORTIONAL PRESURE ASSIST VENTILATION CONTROLLED BY A DIAPHRAGM ELEC		
	TROMYOGRAPHIC SIGNAL		

TAB TO LAST POSITION,PUSH SEND